



STATE OF NEW JERSEY
PUBLIC EMPLOYMENT RELATIONS COMMISSION
PO Box 429
TRENTON, NEW JERSEY 08625-0429

For Courier Delivery
495 West State St.
Trenton, NJ 08618

REQUEST FOR INVOCATION OF FACTFINDING WITH
RECOMMENDATIONS FOR SETTLEMENT

INSTRUCTIONS: File an original and 4 copies of this request with the Commission. If more space is required for any item, attach additional sheets, numbering items accordingly.		DO NOT WRITE IN THIS SPACE	
		DOCKET NO.	
		DATE FILED:	
As of the date of this request the public employer and the certified or recognized employee organization have failed to achieve an agreement concerning the terms and conditions of employment of the employees in the negotiations unit through direct negotiations and the impasse has not been resolved by mediation. It is requested that a factfinder be appointed in accordance with the New Jersey Employer-Employee Relations Act, as amended, and the Commission's Rules.			
1. PUBLIC EMPLOYER			
Full Name:		County:	
Address of Employer (Street and Number, City, State and Zip Code):		Name and Title of Representative to Contact:	Telephone No.
Attorney/Consultant Representing Public Employer (if any):	Attorney/Consultant Address (Street and Number, City, State and Zip Code):		Telephone No.
2. EXCLUSIVE REPRESENTATIVE			
Full Name:			
Address of Exclusive Representative (Street and Number, City, State and Zip Code):		Name and Title of Representative to Contact:	Telephone No.
Attorney/Consultant Representing Exclusive Representative (if any):	Attorney/Consultant Address (Street and Number, City, State and Zip Code):		Telephone No.
3. NAME OF MEDIATOR: <i>(If none appointed, so state)</i>			
4. NUMBER AND DURATION OF MEDIATION SESSIONS:		5. DATE OF LAST MEDIATION EFFORT:	
6. UNRESOLVED ISSUES TO BE SUBMITTED TO FACTFINDER:			
<div>(Attach additional sheets, if necessary)</div>			
7. REMARKS:			
<div>(Attach additional sheets, if necessary)</div>			
8. IS THIS A JOINT REQUEST? <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. CERTIFICATION			
I (we) declare that I (we) have read the above request and that the information is true to the best of my (our) knowledge and belief.			
_____ Requesting Party and Affiliation, If Any		_____ Requesting Party and Affiliation, If Any	
By _____ (Signature of Representative) (Title)		By _____ (Signature of Representative) (Title)	
Date _____		Date _____	